

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/582799

FILING DATE

13 APR 2007

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3		2		1		
4	/		/			
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10	/		/			
11	/		/			
12		2		1		
13	/		/			
14		1		1		
15		2		1		
16		2		1		
17		1		1		
18		1		1		
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TOTAL IND.	5	↓	5	↓		↓
TOTAL DEP.	17	←	13	←		←
TOTAL CLAIMS	22		18			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						